

Department of Health and Senior Services  
Local Agency Nutrition Services

BUDGET PAGE

\_\_\_\_\_ County Health Department

The contractor shall be reimbursed for each participant provided service at a rate of \$15.00 per participant served.

Contract Dollars

- |   |        |
|---|--------|
| 1. WIC Breastfeeding<br>(Special Breastfeeding Funding 1, Attachment E)*        | \$0.00 |
| 2. WIC Breastfeeding Peer Counseling<br>(Special BFPC Funding 2, Attachment E)* | \$0.00 |
| 3. Breastfeeding Friendly Incentive<br>(Special Breastfeeding Funding 3)*       | \$0.00 |
| 4. Administrative Services<br>(Special Funding 6)*                              | \$0.00 |
| 5. Program Enhancement<br>(Special Funding 7)*                                  | \$0.00 |
| 6. User Acceptance Testing (UAT) Training<br>(Special Funding 9, Attachment F)* | \$0.00 |

\*only for approved LAs